


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90006 046 ***150.00

DOCUMENT # 828839

1. Entity Name
 TRANSPORT INTERNATIONAL POOL, INC.



Principal Place of Business
 530 E SWEDESFORD RD
 WAYNE, PA 19087 US

Mailing Address
 530 E SWEDESFORD RD
 WAYNE, PA 19087 US

40107821



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

05012007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

4. FEI Number
 22-1616203

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVS BRADLEY-COAR, ALFREDA 530 E SWEDESFORD RD WAYNE, PA 19087 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Joseph Artuso 530 E. Swedesford Rd. Wayne, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REIF, DEBORAH M 120 LONG RIDGE RD STAMFORD, CT 069270001 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mary Hoeltzel 530 E. Swedesford Rd Wayne, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVT HOELTZEL, MARY 530 E SWEDESFORD RD WAYNE, PA 19087 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - - - - <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ARTUSO, JOSEPH J 530 E SWEDESFORD RD WAYNE, PA 19087 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - - - - <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RYAN, JONATHAN A 530 E SWEDESFORD RD WAYNE, PA 19087 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - - - - <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - - - - <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - - - - <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Hoeltzel 04/23/07 484-254-0207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #